

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: _____

described and claimed in the specification: _____

Check one

*a. ☐ attached hereto.

b. ☒ filed on 25/11/2003 as Application N° PCT/FRO3/03477

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

FR/0215006

FRANCE

29/11/2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

As a named inventor, I hereby appoint the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute this application and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	<u>Sébastien, Alain, Joël</u>			BESNARD
		Given Name	Middle Initial	Family Name	
2	**Inventor's Signature:	<u>Sébastien</u>			<u>Bernard</u>
3	**Date of Signature:	<u>September</u>	<u>1st</u>	<u>2005</u>	
		Month	Day	Year	
	Residence:	<u>BOURG-LA-REINE</u>			<u>FRANCE</u>
		City	State or Province	Country	
	Citizenship:				<u>FRENCH</u>
	Post Office Address: (Insert complete mailing address, including country)	<u>23, Boulevard du Maréchal Joffre</u>			
		<u>92340 BOURG-LA-REINE - FRANCE</u>			

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 *Typewritten Full Name
of Second Joint Inventor (if any)*

Jacques, Augustin

LAEUFFER

2 ****Inventor's Signature:**

Given Name

Middle Initial

Family Name

3 ****Date of Signature:**

Month

Day

Year

Residence:

PARIS

City

State or Province

FRANCE

Country

Citizenship:

FRENCH

Post Office Address:
(Insert complete
mailing address,
including country)

6, rue Jean Nicot

75007 PARIS - FRANCE

1 *Typewritten Full Name
of Third Joint Inventor (if any)*

Given Name

Middle Initial

Family Name

2 ****Inventor's Signature:**

3 ****Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:
(Insert complete
mailing address,
including country)

1 *Typewritten Full Name
of Fourth Joint Inventor (if any)*

Given Name

Middle Initial

Family Name

2 ****Inventor's Signature:**

3 ****Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:
(Insert complete
mailing address,
including country)

1 *Typewritten Full Name
of Fifth Joint Inventor (if any)*

Given Name

Middle Initial

Family Name

2 ****Inventor's Signature:**

3 ****Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:
(Insert complete
mailing address,
including country)

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.